

8s/39e/7da
71259

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

JUN 12 1995
WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD)# 71259

8
BAKE
2143

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____

Name TOM MAC KEORNS
Address RT 1 Box 10
City Helman State OR Zip 97433

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 230 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14	0	14	BENTONITE	0	14	20
10	18	230				

How was seal placed: Method A B C D E
 Other DRY BENTONITE
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	10	42	218	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 218

(7) PERFORATIONS/SCREENS:

Perforations Method DOWN HOLE PERFORATOR
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
80	218	1"	3528	1/4	10"	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
7.50	164	220	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water 52 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: 60

(9) LOCATION OF WELL by legal description:
County Baker Latitude _____ Longitude _____
Township 8 N or S Range 39 E or W. WM.
Section 7 NE 1/4 SE 1/4
Tax Lot 4600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) NONE

(10) STATIC WATER LEVEL:
56 ft. below land surface. Date 5-24-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 60

From	To	Estimated Flow Rate	SWL
60	90	20	56
90	230	750	56

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	2	
CLAY yellow	2	13	
GRAVEL + SAND	13	60	
" " W-13	60	90	56
" " W-13	90	230	56

Date started 5-6-95 Completed 5-24-95

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Malcolm Dennis WWC Number 591 Date 5-24-95